

UNITED STATES DEPARTMENT OF AGRICULTURE
COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE

FOR CSREES USE ONLY	
PROGRAM AREA CODE	PROPOSAL CODE

INTEGRATED PEST MANAGEMENT APPLICATION FOR FUNDING

1. LEGAL NAME AND ADDRESS TO WHICH 89-106 AWARD SHOULD BE MADE	2. LEGAL NAME AND ADDRESS TO WHICH SMITH-LEVER AWARD SHOULD BE MADE
3. NAME AND ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE	4. NAME AND ADDRESS OF COOPERATIVE EXTENSION DIRECTOR
a. PHONE NUMBER b. FAX NUMBER c. INTERNET ADDRESS	a. PHONE NUMBER b. FAX NUMBER c. INTERNET ADDRESS

6. TITLE OF PROPOSED PROJECT (80-character Maximum, including spaces)

7. PROGRAM TO WHICH YOU ARE APPLYING (Refer to Federal Register Announcement where applicable) Integrated Pest Management Program	8. PROGRAM AREA AND NUMBER (Refer to Federal Register Announcement where applicable) Integrated Pest Management
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9. IRS NO.	10. CONGRESSIONAL DISTRICT NO.	11. PERIOD OF PROPOSED PROJECT DATES From: Through:	12. DURATION REQUESTED
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13. TYPE OF REQUEST (Check only one) New Renewal Supplement Resubmission Continuing Increment PI Transfer [PRIOR USDA Award No. _____]	14. TOTAL FUNDS REQUESTED 89-106: SMITH-LEVER:
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15. PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S) a. PI/PD #1 Name (First,Middle,Last) SS #*	16. a. PI/PD #1 PHONE NUMBER (Include Area Code) b. FAX NUMBER: c. INTERNET ADDRESS:
b. PI/PD #2 Name (First,Middle,Last) SS #*	17. PI/PD #1 BUSINESS ADDRESS (Include Department/Zip Code)
c. PI/PD #3 Name (First,Middle,Last) SS #*	

***Submission of the Social Security Number is voluntary and will not affect the organization's eligibility for an award. However, it is an integral part of the CSREES information system and will assist in the processing of the proposal.**

18. TYPE OF PERFORMING ORGANIZATION (Check one only) ONLY COMPLETE THIS SECTION FOR 89-106 APPLICATION 01 USDA/S&E Laboratory 02 Other Federal Research Laboratory 03 State Agricultural Experiment Station (SAES) 04 Land-Grant University 1862 05 Land-Grant University 1890 or Tuskegee University 06 Private University or College 07 Public University or College (Non Land-Grant) 08 Private Profit-making 09 Private Non-profit 10 State or Local Government 11 Veterinary School or College 12 1994 Institution 13 Hispanic -serving Institution 14 Other (Specify) 15 Individual	19. WILL THE WORK IN THIS PROJECT INVOLVE RECOMBINANT DNA? No Yes (If yes, complete Form CSREES-662)
	20. WILL THE WORK IN THIS PROJECT INVOLVE LIVING VERTEBRATE ANIMALS? No Yes (If yes, complete Form CSREES-662)
	21. WILL THE WORK IN THIS PROJECT INVOLVE HUMAN SUBJECTS? No Yes (If yes, complete Form CSREES-662)
	22. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES? No Yes (If yes, list Agency acronym(s) & program(s))

By signing and submitting this proposal, the applicant is providing the required certifications set forth in 7 CFR Part 3017, as amended, regarding Debarment and Suspension and Drug-Free Workplace; and 7 CFR Part 3018 regarding Lobbying. Submission of the individual forms is not required. (Please read the Certifications and Instructions included in this kit before signing this form.)

In addition, the applicant certifies that the information contained herein is true and complete to the best of its knowledge and accepts as to any award, the obligation to comply with the terms and conditions of Cooperative State Research, Education, and Extension Service in effect at the time of the award.

SIGNATURE OF PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S) (All PI's/PD's listed in block 15 must sign if they are to be included in award document.)	DATE	
SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE	TITLE	DATE
SIGNATURE OF COOPERATIVE EXTENSION DIRECTOR	DATE	